Kriya Yoga International

5th Residential Brahmachari Training Course (RBTC) November 26, 2009 to February 25, 2010

At Hariharananda Gurukulam, Balighai, Puri, Orissa, India

RBTC Guest Registration Form

(For residents from Europe)

We are offering the opportunity for kriyavans (other than the trainees) to stay at the ashram and attend some of the classes held during the 5th RBTC in India. Please submit the completed RBTC Guest Registration Form and payment to Kriya Yoga Centre Vienna /Tattendorf (address is below). One can register for a day, week, month, or the entire three months. The fees below include attending classes and simple accommodation and meals.

Guest Registration Rates:

€ 25 per day €160 per week € 465 per month €1220 entire 3-months

(If you are also attending the 2010 International Intensive Kriya Yoga Seminar (IIKYS) in January, please register and pay for it separately.)

Please fill out the form below (check the box that applies) and return both pages.

Name:	nder:	
Street Address:		
City:		Zip:
Home Telephone:/ Work Telephone:/	Cell Phone:/_	
Date initiated into First Kriya in Paramah		
Initiated by:		
Date initiated into Second Kriya in Param (mm/dd/year) Ini (mm/dd/year) Ini	tiated by:	
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I would like to register for mont I will transfer the amount of €		
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I would like to register for day	ys (s) stay during RBTC and the dat	es are specified below.

My dates of attendance will be:		to	20
I will arrive on	(mm/dd/year) at	am/pm	
and depart on	(mm/dd/year) at	am/pm.	
Include <u>all</u> flight details	here:		
Please mail this form to	: Kriya Yoga Centre Vienna, Potte	ndorferstr. 69, 2523 Tattendor	f, Austria;
Email: kriya.yoga.centro	e@aon.at; Phone: +43 2253 81491	; Fax: +43 2253 80462	
	e@aon.at; Phone: +43 2253 81491 on there will be a \in 40.00 non-refunda		
(In the event of cancellation	,	ble deposit.)	
(In the event of cancellation Registrant's Signature:_	on there will be a € 40.00 non-refunda	ble deposit.) Date:	
(In the event of cancellation Registrant's Signature:_ <i>I will abide by the code of cooccur during my attendance.</i>	on there will be a € 40.00 non-refunda	ble deposit.) Date: njnana Mission liable for any injuries	, illness, or losses that may
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[number of days $\underline{}$ x \in 25,- per day] via wire transfer to the account

Uesterr. Postsparkasse BLZ 60.000 Account no. 74.201.787
IBAN: AT 36 6000 0000 74201787
BIC: OPSKATWW
(Bank address: A 1018 Wien, Georg-Coch Platz 2)

Account to be used only for people living in Germany

Commerzbank AG (Kaiserplatz, 60311 Frankfurt/Main) Bankleitzahl 500 400 00 Kontonummer: 8030538 00

IBAN: DE 29 5004 0000 0803 0538 00

I will transfer the amount of €

below.

BIC: COBADEFFXXX